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ABSTRACT

This resource package provides teaching strategies to help students discuss and integrate the information they must have to avoid high-risk sexual behavior. It also attempts to promote positive lifestyle decisions in the face of the acquired immunodeficiency syndrome (AIDS) epidemic. The specific goals of the program are to help students: (1) become aware of AIDS, how it is transmitted, and how it may be prevented; (2) understand the importance of practicing positive lifestyle behavior to avoid AIDS and other sexually transmitted diseases; and (3) understand the need for responsibility in social behavior including sexual relationships. The emphasis of the program is on sound decision making and assuming responsibility for self and others. The instructional materials are presented as lesson plans which focus on four major topics: basic information about AIDS; a general overview of sexually transmitted diseases; sexual decision making; and social issues related to AIDS. Appendices include a vocabulary quiz, an AIDS quiz, several overhead pages, an AIDS fact sheet, a values vocabulary sheet, and a list of print and audio-visual resources (20 items). (IAH)

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AIDS EDUCATION

HIGH SCHOOL

1989

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HIGH SCHOOL AIDS PROGRAM

This resource package is designed to provide teaching strategies to help students discuss and integrate the information they must have to avoid high-risk sexual behaviour. It will also serve to promote positive lifestyle decisions in the face of the AIDS epidemic.

The specific goals of the program are to help students:

1. become aware of AIDS, how it is transmitted, and how it may be prevented.
2. understand the importance of practicing positive lifestyle behaviour to avoid AIDS and other STDs.
3. understand the need for responsibility in social behaviour including sexual relationships.

Students are encouraged not only to acquire knowledge, skills, and attitudes but also to translate these into actions that eliminate or reduce health-compromising behaviour. They are also encouraged to behave in health-enhancing ways. The emphasis on sound decision making and the assumption of responsibility for self and others promotes the goal of preventing AIDS through education.

The prime responsibility for education on sexual issues, including AIDS Education, rests with the family. Parents should be encouraged to participate in either a parents' meeting or a school assembly to provide input on the teaching program. Notifying parents about the lessons and asking for their support and feedback is recommended.

Structure

The materials which follow are divided into four major topics:

- Basic information about AIDS
- Sexually transmitted diseases, a general overview
- Sexual decision making
- Social issues related to AIDS

This instructional package is based on and replaces the Manitoba program Teaching About AIDS: High School published in 1988. The overheads included in it are those developed by the Vancouver School Board and are used with its permission.

INTRODUCTION TO THE AIDS UNIT

To ensure that students possess basic knowledge and vocabulary necessary to discuss sexuality and AIDS, this section is included to introduce the Unit.

Process:

1. The teacher introduces him/herself and invites students to introduce themselves.

2. The teacher provides an overview of the unit including major objectives, content and ground rules (see Appendix 1).

3. The teacher stresses the importance of the topic and says that the first task is to conduct a quick review of reproductive anatomy and physiology.

4. Using the vocabulary sheets provided (Appendix 2), the students do a "self quiz" (matching quiz) on terminology.

   The teacher then provides the correct answers. Teacher reviews functions of the reproductive organs of the male and female and responds to basic questions of physical structure and function.

5. The teacher describes the use of the "Question Box," which will be available in the classroom throughout the unit. The Question Box is a cardboard box (e.g., a shoebox) into which students can anonymously deposit questions on cards or slips of paper. These questions can then be answered by the teacher during subsequent meetings.

Guidelines for Using the Question Box

1. Use a box with a removable lid which is attractively decorated.

2. Place the box in a location which is easily accessible to the students.

3. Provide students with uniform pieces of paper for their questions.

4. Screen the questions by reading them yourself in private before you answer them with the class.

5. Questions which are unsuitable to answer in front of the entire class may be handled in the following ways:

   a) answer the question privately with the student (tell the class that you have chosen not to answer a question in class; suggest that the student who asked the question meet with you privately),
   b) remove the question from the class session.

6. When answering the question with the class, paraphrase the question to protect the anonymity of the writer.

7. Don't leave unanswered questions in the box.

8. Dispose of all questions discretely.

THE FACTS ABOUT AIDS

STUDENT OBJECTIVES:

To become informed on the cause, nature, and development of AIDS;
To understand how AIDS is transmitted and why it may be a potential danger to high school students and society in general;
To be able to identify possible lifestyle behaviour that promotes health and reduces AIDS risk;
To recognize responsible behaviour in responding to this disease.

ACTIVITY:

1. The teacher begins the lesson by noting that AIDS is a major health problem. The teacher asks students to tell what they have learned about AIDS and records these responses on the chalkboard.

2. The teacher distributes the AIDS Quiz (see Appendix 3), and asks each student to complete it independently. The teacher tells students that the quiz will be reviewed during the summary of the lesson, and encourages students to make corrections as they learn more about the disease.

3. Using overhead No. 1 (Appendix 4), the teacher briefly reviews the definition of sexually transmitted diseases and explains how AIDS differs from other sexually transmitted diseases in that there is no cure to date, and it is life-threatening.

   Using overhead No. 2 (Appendix 5), the teacher explains the meaning of Acquired, Immune, Deficiency, and Syndrome and reads the definition of AIDS.

   The teacher explains that AIDS is caused by the Human Immunodeficiency Virus (HIV) that lives in body fluids, especially in semen and blood. The virus is not spread by casual contact. The virus is considered very fragile and cannot live for a long period outside the body.

4. The teacher reviews the most recent statistics on AIDS. [See Appendix 6 for statistics valid to September, 1989. Periodic statistical updates are forwarded directly to school divisions.]

5. The teacher explains that HIV gradually damages the body's immune system and shows the video, The Immune System and AIDS (10 minutes).

   Using overhead No. 3 (Appendix 7), the teacher discusses the progression from no symptoms to full-blown AIDS. The teacher stresses that society needs to be concerned about all people infected by the virus.

   Using overhead No. 4 (Appendix 8), the teacher discusses the methods of transmission, emphasizing that the two major ones are sexual intercourse and blood exchange.

The teacher explains that HIV is not known to be spread by casual contact such as through toilets, swimming pools, restaurants, school/workplace situations, touch or sweat.

6. The teacher reinforces the value of abstinence from sexual intercourse and intravenous drug use as the best possible choices for young people.

   Using overhead No. 5 (Appendix 9), the teacher stresses behaviour to stop the spread of this infection.

7. The teacher reviews quiz results or has students redo the quiz as a post-test. The teacher summarizes the important facts about AIDS--causes, transmission and prevention and stresses the importance of practicing positive lifestyle decisions and responsible behaviour as the best prevention measures.

8. The teacher hands out pamphlet or handout, "AIDS: Basic Facts" (Appendix 10).

Video resources available from the Manitoba Education and Training Library include:

. AIDS Education: 10-12. Videorecording. 59:05 min., sd. col. Contains the three programs below which may also be obtained as individual tapes.

  - AIDS: The Facts, The Future. Videorecording. Toronto: Ryerson Polytechnical Institute, 1987. 19:25 min., sd. col.
  - The Immune System and AIDS. Videorecording. [Sudbury, Ont.]: Science North; Toronto: Tapescan [distributor], c1986. 11 min., sd. col.
  - AIDS: What Everyone Needs To Know. (rev. ed.) Videorecording. Los Angeles: Churchill Films; Rexdale, Ont.: McIntyre Educational Media [distributor], c1987. 19:30 min., sd. col.

. AIDS: A Report. Videorecording. Montreal: CBC Enterprises, 1987. 47 min., sd. col.
. AIDS: A Family Experience. Videorecording. Toronto: Weatherstone Productions, 1986. 34:35 min., sd. col.
. An Enemy Among Us. Videorecording. Toronto: McIntyre Films, 1987. 44 min., sd. col.
. The Subject Is AIDS. Videorecording. Toronto: Mobius Productions, 1987. 19 min., sd. col.
. AIDS: The New Facts of Life. Ottawa, Ontario: Canadian Public Health Association, 1989. 28 min., sd. col.

A public health official, if available, might be used as a resource in place of the video. If time permits, AIDS: The Facts, The Future (part of the video series), can be shown.

SEXUALLY TRANSMITTED DISEASES

STUDENT
OBJECTIVE: To become aware of sexually transmitted diseases.

ACTIVITY:

1. The teacher stresses the idea that it is important to know about the various sexually transmitted diseases in order to maintain good health. Often the problems of the reproductive systems have no symptoms and as a result may be left untreated. People want to assume responsibility for their own bodies. If they are provided with accurate information within a positive framework, they may feel good about themselves and their decisions related to health.

2. The public health nurse is invited to present a summary of sexually transmitted diseases. For each of the diseases the following questions might be considered:

   . How is the disease transmitted?
   . What is the cause of the disease?
   . Is there a vaccine?
   . What are the symptoms?
   . Is there an incubation period?
   . How long do the symptoms last?
   . Does a person still have the disease even if the symptoms disappear?
   . How can the disease be prevented?
   . What is the treatment for the disease? Is there a cure?
   . Can a pregnant woman pass the disease on to her baby?
   . What are the results or effects of the disease?

3. The teacher stresses that it is not who a person is but what a person does that puts him/her at risk of being infected with STDs, including HIV. Students are asked to identify the behaviour of people which might increase the risk of AIDS.

Risk Behaviour and AIDS

No Apparent Risk	Risk

4. The teacher and the group discuss and plan follow-up activities on the theme of STDs. Some suggestions:

- Plan a school health fair with the assistance of the local department of health to place a general focus on health promotion. A theme that includes the maintenance of reproductive health may be chosen and information about AIDS included. Parents can be invited to participate in the planning and presentation of the event. Pamphlets, posters, and leaflets should be available for parents who take part in the health fair and for students to take home to parents who are unable to attend.

- Students can write a research report on the efforts of the medical science community to identify the micro-organisms causing AIDS, to trace its attack on the human body, to identify its means of transmission, and to develop a vaccine for its prevention.

- Students can obtain the latest statistics from Manitoba Health on sexually transmitted diseases, compare them with statistics on other communicable diseases, discuss the possible reasons for the increases and decreases in cases over the years, and discuss the ages of the infected persons.

- Students can write to the various disease-control centres for information and pamphlets on sexually transmitted diseases.

- Students can write an editorial or article on an AIDS-related topic for the school newspaper.

MAKING SEXUAL DECISIONS

Process and Standards

STUDENT
OBJECTIVE: To be able to discuss and analyze standards for sexual activity.

PROCESS:

1. The teacher introduces the topic of "making decisions about one's sexual life." The teacher stresses the idea that all people have to make such decisions and that, since they have serious consequences, they should be taken seriously.

2. The teacher outlines and discusses the steps in the decision-making process. The teacher asks for examples from the class and applies the process to these examples, soliciting answers and suggestions from the students.

A PERSONAL DECISION-MAKING MODEL

1. DEFINE THE PROBLEM OR DECISION TO BE MADE.
   - RESEARCH TOPIC IF NECESSARY.
   - DISCUSS COMMON VALUES.

2. IDENTIFY ALTERNATIVE COURSE OF ACTION.
   - BRAINSTORM ALTERNATIVES.

3. CONSIDER THE POSITIVE AND NEGATIVE CONSEQUENCES AND POSSIBLE OUTCOMES OF EACH ALTERNATIVE.
   - CONSIDER COMMON VALUES, ATTITUDES AND KNOWLEDGE.

4. CHOOSE A COURSE OF ACTION FROM THE ALTERNATIVES.

5. ACT UPON THE DECISION.

6. EVALUATE THE OUTCOME.

---

3. The teacher emphasizes that, in order to be acceptable, a decision should:

   . be legal
   . be safe and healthy
   . show respect to one's self and others
   . follow one's moral or ethical values
   . respect family guidelines or values

4. The class is divided into smaller sub-groups (4-6 members), and a recorder is chosen in each group. The groups are instructed to list answers to this question: "What conditions should be fulfilled before a person becomes sexually active?" (i.e., How does a person decide that having or not having sex is "O.K." in a relationship? What are the reasons for not being sexually active?)

5. Answers from the small groups are pooled and discussed in the whole class. Points for discussion may include:

   . Is this a good standard? Why? Why not? (For each condition.)
   . What is meant by terms such as "Love," "Commitment," "Responsibility," "Exploitation," etc.
   . Ask the group to supply examples to illustrate their questions.
   . What are the differing standards (if any) of males and females regarding sexual involvement?

6. Individually, students take 5-10 minutes to consider the items listed above and then complete a short written assignment--"My most important considerations before sexual involvement."

   1. _____

   2. _____

   3. _____

   4. _____

   5. _____

7. The teacher reiterates that decisions concerning sexual involvement should be taken consciously and should involve a careful consideration of all factors, both practical and ethical.

8. The teacher points out that people must take active control of their decisions and act to prevent STDs. This may involve learning and practicing protective behaviour. It may be easier to "go along" and do the easy thing in the short term, but the long-term consequences may be disastrous.

   As human beings, we have sexual feelings. Making a decision about sexual activity is a serious issue. People must consciously decide and plan how they are going to respond to sexual pressures. Setting limits to sexual intimacy is an important health and moral decision.

   It is important not to place oneself in risky situations, to decide what limits one is going to place on sexual activity, to plan how to communicate one's views on this, and to practice this communication in an assertive manner. Abstinence from intimate sexual activity may be a way of showing love and respect for one's partner.

9. The class brainstorms reasons why postponing or limiting sexual intimacy is beneficial for teenagers. These are listed on the chalkboard.

10. Students write scripts for short interactions wherein one individual responds to the sexual pressure of another by referring to the list generated above in point #8. Examples:

. "Aw, come on. Everyone's doing it. Come to bed with me."

_____

_____

. "But if we love each other, it's O.K."

_____

_____

. "You know it really <u>hurts</u> me when you say no like that. You really are so cold. What's the matter with you, anyway?"

_____

_____

. "Right! That's it! If you don't come across right now, you'll be sorry!"

_____

_____

11. The teacher concludes this segment by emphasizing that the majority of teenagers are <u>not</u> sexually active and that the best choice for teenagers is to postpone sexual intimacy. It should also be pointed out that a teenager who is sexually active can choose to stop.

MAKING SEXUAL DECISIONS

Assertiveness

STUDENT OBJECTIVES: To understand the importance of standing up for one's values.
To know and be able to use assertive behaviour to resist pressure.

ACTIVITY:

1. The teacher stresses the importance of assertiveness (standing up for one's own values and needs) in relationships. The teacher asks the students in small groups to define "assertiveness" and records the definitions. The teacher compares the definitions with the following: "Assertiveness means allowing a person to meet his/her basic needs in life without depriving others. Assertiveness involves ...

   . taking control of one's own decisions
   . trusting and valuing one's own feelings
   . recognizing and using non-verbal communication
   . recognizing the attempts of others to control."

2. The teacher introduces the technique of role-playing. He/she then selects those students who will play roles and instructs the rest of the class on what to look for in the role-playing. The following situation is then presented to students:

   Mary has ordered a steak rare; the waiter brings one well-done. The teacher takes the role of Mary, and a student plays Tom, the waiter. They role-play the situation three times, demonstrating first a passive, then an aggressive, and finally an assertive approach. After each statement, the class should explore the feelings of both Mary and Tom and discuss the effect of each type of behaviour on the characters.

3. Students suggest and examine other situations from the point of view of passive, aggressive, and assertive way of behaving.

4. Students role-play much of the following situations to show passive, aggressive, and assertive responses.

   a) Sandra and Mike are sixteen-year-old students. They are alone at Mike's house. They are kissing and getting excited but are not feeling quite right about what might happen. The conversation starts like this: "I've made up my mind to wait. I'm not ready to get involved. Maybe we should talk about this a little more."

   b) Allen has a friend, Bill, who has developed AIDS. Allen wants to help his friend and to give him support. Susie tells Allen that she will stop being with him if he continues to see Bill. Susie refuses to talk with or visit anyone with AIDS.

5. Students can suggest other situations and role-plays can be conducted using these suggestions.

MAKING SEXUAL DECISIONS

Influencing Factors

STUDENT
OBJECTIVE: To identify factors in sexual decision making.

ACTIVITY:

1. The teacher helps the groups review the previous lesson:

   a) standards for sexual involvement
   b) the meaning of "responsibility" in relationships.

2. In small groups the students are provided with the following situations and are asked, as a group, to decide on a course of action for the main character in each case and to defend their decision:

   a) Susan, age fifteen, was treated for chlamydia after she had contracted the disease from Bill. She did not know that Bill had had sexual intercourse with anyone else, and she was sure that he did not know he had the disease. Susan told Bill that she had got chlamydia from him, but he refused to believe it and accused her of giving it to him. Should Susan continue her relationship with Bill?

   b) Pat and Ted are in their mid-twenties. They have just started a relationship. Pat thinks that she might have been exposed to AIDS in a past relationship with a bisexual man. Should Pat tell Ted of her fears?

3. The small groups report on their suggested courses of action and these are discussed and evaluated by the whole group.

4. The teacher introduces the idea that decisions regarding sexual activity frequently involve situations of pressure from others. The teacher distributes the following case study and asks students to complete the discussion questions individually.

   After some discussion time, students form small groups to pool their answers.

CASE STUDY*

Joan and Ryan attend the same high school. They have been going together for about a year. Joan is in grade 11 and Ryan is in grade 12.

Joan and Ryan have a very special relationship. They spend a lot of time together and really trust each other. They confide many of their secret fears and hopes with each other; they talk about their parents; they talk about what is happening in school. They get support from each other, and in many ways, they have become best friends. Their relationship is very important to both of them.

Joan feels that even though she loves Ryan, she is not ready for an intimate relationship. Joan has an excellent relationship with her parents who encourage her to be a "good girl."

Lately, Ryan has been talking with some of his friends about sex, and he is hearing that many of his friends have already had sex with their girlfriends. Ryan wonders if he is behind for his age and if he is less of a man. He begins to pressure Joan who is still clear about her feelings.

As a result, there seems to be an increasing amount of tension in their relationship. They have begun to fight about little things, and they don't seem to talk about the really important things anymore.

About a month later, Ryan starts to see other girls. Joan feels depressed and lonely; she really misses Ryan. She wishes that there was a way to talk to her mother, but she knows that her mother would get upset and wouldn't understand her problem. Joan feels lost and doesn't know what to do.

Joan and Ryan continue to spend some time together. One Saturday night, they go to a social and come back to Joan's house to talk. Joan's parents have gone out and won't be back until much later. Joan and Ryan are left alone in the house.

Questions for Discussion

The instructor invites discussion by the whole group.

1. What are the pressures facing Ryan and Joan?

2. What are the traditional sex roles in this story?

3. What are the reasons that people sometimes have difficulty talking to their girlfriend/boyfriend about sex?

4. What do you think can be done to make talking about sex easier?

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* Source: Education About AIDS, Ontario Ministry of Education, September 1987, Part D, pp. 17-24. Used with permission.

5. What are some of the ways by which people can show caring and affection?

6. Can not having sex be a way of showing love? Why or why not?

7. What is the difference between love and infatuation?

8. Did the story seem realistic to you? Why or why not?

9. What did you learn from the discussion?

10. How would you rewrite the story if you assumed that either Joan or Ryan had AIDS?

11. Instructor invites discussion by the whole group.

12. The instructor discusses the decision-making model and the commonly accepted values (see Appendix 11) then leads the whole group through a further discussion of Joan and Ryan's case:

    . identify the problem in the story,
    . list two alternative courses of action for Joan and Ryan,
    . discuss the advantages and disadvantages of each alternative,
    . decide on a plan of action,
    . write down the problem, the alternatives, and the plan of action to share with the class.

AIDS AND SOCIAL ISSUES

STUDENT
OBJECTIVE: To become aware of social issues related to AIDS.

ACTIVITY:

1. The teacher points out that the right to privacy and confidentiality is a major issue which demonstrates the possible conflict of legal and ethical considerations.

   The following questions can be used to guide a discussion on privacy and confidentiality.

   . What should be done with HIV carriers who knowingly spread the disease?

   . Should a law be passed to make it a criminal offence to infect another person?

   . Should government authorities be required to advise a person with HIV infection of the restrictions and penalties that may be imposed by law if a carrier behaves irresponsibly?

   . Should carriers of the virus be quarantined in some fashion? If so, how?

   . Should laws be passed that would allow a carrier to be put in jail if he/she is proven to have acted irresponsibly?

   . Should doctor-patient confidentiality always take precedence in the case of AIDS patients? Even if the health of another individual is involved?

   AIDS and sexual behaviour concern the whole community. Fundamental attitudes with respect to AIDS and to people suffering from it will continue to be a major challenge. The issues that are involved touch the sensitivities of everyone.

2. The teacher presents the following case studies and questions for consideration by the group.

Case Study #1: Confidentiality and Respect for Privacy*

A twenty-one-year-old woman asked the doctor to examine her husband, aged twenty-four years, because of changes in his general health that concerned her. Her husband agreed to have a checkup. He was diagnosed by the doctor as having been exposed to the virus that causes AIDS. He admitted to the doctor that he was a sexually active homosexual before he married. He married only because he was a business executive and felt that it was socially important for him to have a wife.

The man was told that if he intended to continue to be sexually active, he should take precautions, delay having children, and tell his wife immediately. His wife was planning to have children. He agreed to tell his wife, but he did not do so. He did not tell anyone. He failed to stop his homosexual liaisons.

Suggested Questions and Answers

1. Why would this man refuse to tell his wife that he was antibody positive?

   He would almost certainly fear a negative reaction by his wife and family. He would not want to risk divorce for fear that this would damage his career. He found it difficult to explain his sexual orientation.

2. Why might this person continue to have sexual relations even though he knew that he was antibody positive and could spread the disease?

   He might not want to believe that HIV infection or AIDS can be transmitted. Even though he might have the information about his condition, he might choose to act irresponsibly. He might be very self-centered and not care about anyone else.

3. What steps might be taken to stop people from knowingly infecting others?

   Steps might include "contact tracing," mandatory testing, quarantine, or punishment under the law.

4. Why is "contact tracing" of limited value in dealing with AIDS? Discuss the pros and cons of "contact tracing."

   At the present time, there is no cure or vaccine to offer a person infected with AIDS. However, there is treatment available for opportunistic infections and cancer-related problems. Besides screening blood donations and urging drug addicts not to share needles, the only way to stop the spread of AIDS is to persuade people at risk to adopt responsible sexual behaviour.

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* Source: Education About AIDS, Ontario Ministry of Education, September 1987. Part D, pp. 30-32. Used with permission.
Teacher Note: A positive test for HIV antibodies indicates HIV infection.

In communities where the virus is widespread and contact tracing impractical, educational programs offered by community groups may be more effective than traditional contact tracing in controlling the disease. Depending on the prevalence rate or the impracticability of follow-up, risk-education programs aimed at the community in general may also be more economical than contact tracing aimed at individuals.

Priority is given to tracing female partners of bisexuals and heterosexuals with AIDS or HIV infection so that they can be counselled about reducing the risks to themselves and their future children. This work is carried on by public health officials.

5. Why should top priority be given to preventing the transmission of HIV from mother to infant?

Children have the right to be born free of infection.

6. What is the role of the doctor who diagnoses a patient as having AIDS?

The doctor can inform the patient of the communicable nature of the disease, emphasize its deadly effects, explain how it is transmitted (principally by anal, vaginal, and possibly oral sexual intercourse), and urge the patient to abstain from any sexual activity without the use of a condom.

If he or she knows the patient is disregarding the advice and infecting others, the doctor can contact the medical officer of health for assistance. Under the Health Protection and Promotion Act, a medical officer of health has the authority to contact anyone who is "an agent of a communicable disease." The medical officer is prohibited from doing anything else by professional ethics and by the tradition of doctor-patient confidentiality.

AIDS is a reportable disease, but HIV infection is not [insofar as doctors are not required to report incidence of the infection. However, laboratories are required to report cases to Manitoba Health. They do so by code that does not reveal the name of the patient].*

7. a) Should the doctor be required to inform the spouse of an infected patient and any others with whom the patient may have had sexual intercourse?

   b) Should confidentiality come before protection in the case of the wife who wants to become pregnant?

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* Material in brackets is supplied by Manitoba Health.

The National Advisory Committee on AIDS advises that when a man is unwilling to inform his wife or female contacts, the doctor should ensure that they are told and are offered testing and counselling. When the lives and health of others are in danger and efforts have been made to bring about change [through counselling], then confidentiality should be broken.

8. Should a carrier who misleads a sexual partner by denying that he or she is antibody positive be subject to legal action by the other party?

The responsibilities of doctors, nurses, public health staff, legislators, clinicians, and teachers with respect to people with AIDS and HIV infections need to be examined. The responsibilities of the infected people themselves also need to be addressed. Their plight is great and their vulnerability is intense. Even with the factors of psychological denial in operation, they have a responsibility to potential sexual contacts and to their close loved ones. Confidentiality and respect for privacy are important; without this respect, people will go "underground."

9. Should the doctor be required to inform the spouse of an infected patient and any others with whom the patient may have had sexual intercourse?

The doctor cannot legally inform the man's wife or girlfriend that he is infectious without the patient's permission. Due to the principle of patient confidentiality, there is no legal means of informing people at risk without the patient's permission. The doctor is required by law to report the case to the local medical officer of health.

10. Is confidentiality always an absolute?

The legal responsibility of doctors, nurses, clinicians, and legislature with respect to confidentiality is clear, as is the legal responsibility of persons with HIV infection. Moral responsibility, however, is not such a clear-cut issue. Infected people often go through a period of denial. They nevertheless have a responsibility to loved ones and to potential sexual contacts.

11. Does the principle of patient confidentiality always take precedence over the interests of other people who are involved?

In general, it is absolutely critical that confidentiality and respect for privacy be upheld. Potentially infected people might not come forward for testing and/or treatment if they were worried about breaches of confidentiality. This would hamper the attempt to check the spread of the infection among an infected individual's circle of contacts. However, when the lives of loved ones are in danger, and repeated efforts to make the infected person take responsibility have not been successful, it may be justifiable to pass on confidential information to those at risk.

Case Study #2: Reporting of Persons with HIV*

A heterosexual sexually active twenty-three-year-old man was admitted to hospital in 1983 with a serious form of anaemia (a blood disorder). While in hospital he received multiple blood transfusions and, as a consequence, became infected with HIV. Before he was sent home, his doctor advised him that he tested positive for HIV antibodies and that if he was sexually active he would have to take the necessary precautions in order not to infect his partner.

The advice was ignored, and in 1984 the man's nineteen-year-old girlfriend tested positive. In 1985 she was treated for pneumocytis carinii pneumonia, a complication common to AIDS sufferers. The man also had numerous contacts with other women, such as a twenty-four-year-old prostitute and a thirty-year-old married woman. Another young woman with whom he had had sexual contact gave birth to a baby that had contracted AIDS prenatally.

Suggested Questions and Answers:

1. Is there still a risk of contracting AIDS from a blood transfusion in Canada?

   No. The Canadian Red Cross is responsible for ensuring that a safe and sufficient blood supply is available for all patients being treated in Canadian hospitals. To ensure that the blood supply is free of contaminants, all blood donations have been routinely tested for HIV antibodies since November 1985. All blood found to be positive is discarded.

2. What necessary precautions would the doctor have asked the young man to take in order to stem the spread of the virus that causes AIDS?

   The doctor would have suggested that the man abstain from sexual intercourse. If the young man had indicated that abstinence was not possible, the doctor would have recommended that he use latex condoms with spermicidal foam, nonoxynol-9 or water-based lubricants during intercourse.

3. Identify reasons why this young man refused to follow the doctor's advice?

   Possible factors include the cost and availability of protection, religious convictions, cultural expectations, denial, ignorance, the type of relationship in which he was involved, poor communication with his sexual partners, and the effects of dementia (an infection of the central nervous system causing confusion in speech and thought and, as death approaches, blindness).

Note: Some of the questions and answers for case study #1 may also apply to this case.

4. The teacher and the students consider and plan for other projects on the theme of the implications of AIDS for society. Some suggestions:

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* Source: Adapted from Education About AIDS, Ontario Ministry of Education, September 1987. Part D, pp. 33-34. Used with permission.

Student newspaper. Students can publish a newspaper for distribution to all students. The newspaper can focus on AIDS and related issues in the context of health promotion.

Health-care system comparisons. Students can compare the treatment of AIDS in Canada with that of other countries, such as the United States, Haiti, Africa, India, and Mexico. They should consider a) the services offered, their cost, and their efficiency; and b) their budgets for AIDS research, care, and so on.

Community organizations. There is an extensive network of AIDS information and services in Canada. Students can list the organizations or agencies responsible for AIDS services at the federal, provincial and local or community levels in Canada. They should include the telephone number of each organization and the name of a contact person where possible.

The basics for hospices. The purpose of a hospice is to provide support and care for people in the final phase of a terminal illness so that they live as fully and comfortably as possible. The underlying philosophy of a hospice is the affirmation of life and the perception of death as a normal process. Hospice care is based on the belief that, through personalized services and a caring community, patients and families can make the necessary preparation for a dignified death.

Statistics and AIDS. Students can conduct research into the following questions:

. the origin of the virus that causes AIDS,
. the areas of the greatest incidence of the disease,
. the number of diagnosed cases in Manitoba, Canada, the United States, and other countries,
. the projections for the disease in the future.

Ethics and ethical issues. Students can compare the responses of different newspapers to ethical questions related to AIDS as illustrated in their use of headlines. Students can use library resources to find examples of newspaper headlines.

Economic impact. Students can research the economic impact of AIDS, using the following topics as a guide:

. present caseload numbers and future predictions
. short- and long-term estimates of the cost of hospital, home, and hospice care, including the cost of community support services
. the impact on the Canadian life-insurance and health-insurance industries (life and disability insurance)
. the cost of screening blood by the Canadian Red Cross
. fund raising

Social Impact. Students can examine the social impact of AIDS, using the following questions as a guide:

. What are the respective roles of hospitals, hospices, and home care?
. How can the quality of life of persons with AIDS be improved and their dignity maintained?
. What are the long-term effects of AIDS on the mental health of both patients and caregivers?
. What are the implications of AIDS for adolescents, now, and in the future?
. People who have contracted AIDS are said to be victims of their own lifestyles. Is this a fair statement?
. If you were a politician faced with the choice of funding a research project on a cure for AIDS or on the causes of infant-crib-syndrome, which would you choose, and why?
. What difficult decisions can you imagine the future will bring, based, for example, on the question of the greatest good for the greatest number?

Responses to AIDS. Over the last several years, AIDS has aroused a wide variety of responses. Students can collect examples of different responses from a variety of print sources, including newspaper articles and reports, and share them with the class through written and oral presentations.

After several presentations, students should:

. speculate on the reasons for the types of reaction described;
. identify the emotions of the people involved;
. consider the impact of these reactions on people with AIDS.

They can then discuss appropriate attitudes towards people with AIDS and HIV infection in the light of both the issues that these responses raise and the following questions:

. How should people behave towards those with HIV infection?
. How should people behave towards those suffering from AIDS itself?

What's New in Research and Treatment? Students can produce research papers on the topic of new and current developments in research and treatment regarding AIDS.

Case Study #3: HIV and the Workplace

Have students read the following case study and define their own questions and answers.

Betty is a salesperson in a shoe store. She has experienced some of the common symptoms associated with AIDS but feels well enough at the present time to continue working. She mentions her condition to her manager because she will need time off for medical reasons. The manager is afraid that Betty will spread the AIDS virus and that customers will eventually know about Betty's problem and will take their business elsewhere. Should the manager continue to hire Betty to work in his store?

GROUND RULES

1. Polite and respectful attention will be paid to all members of the group.
2. Correct terminology will be used for body parts and activities.
3. There will be no mockery or "put-downs" of individuals or groups. Each contribution will be respected.
4. All serious questions will be welcomed. All genuine concerns may be expressed.
5. Individual privacy and confidentiality will be respected. No personal questions will be asked. Everyone--including the teacher--has the right to "pass" (not answer any question) if he or she chooses.
6. There will be a concern for accurate and truthful information.
7. Home/parental values and ethics will be respected.

VOCABULARY QUIZ

1.	Penis	a)	Insertion of the penis into the anus
2.	Vagina	b)	Insertion of the penis into the vagina
3.	Anus	c)	the passage for birth and sexual intercourse in the female
4.	Intercourse	d)	person who has sexual relations with other persons of either sex
5.	Anal intercourse	e)	a sheath or covering worn over the penis
6.	Oral sex (oral intercourse)	f)	fluid containing sperm
7.	Semen	g)	contact between the mouth and the sex organs
8.	Spermicide	h)	a person who has sexual relations with persons of the same sex
9.	STD	i)	the male sexual organ
10.	Condom	j)	fluid discharged from the penis during orgasm
11.	Heterosexual	k)	sexually transmitted disease(s)
12.	Homosexual	l)	a person who has sexual relations with persons of the opposite sex
13.	Bisexual	m)	a substance which kills sperm
14.	Ejaculation	n)	lower opening of the intestinal canal

VOCABULARY QUIZ ANSWERS

1.	i	8.	m
2.	c	9.	k
3.	n	10.	e
4.	b	11.	l
5.	a	12.	h
6.	g	13.	d
7.	f	14.	j

AIDS QUIZ

For each statement below, circle the letter (T, F, or U) that reflects your belief about the statement. The purpose of this quiz is to assess how much you already know about AIDS.

T = true
F = false
U = undecided

T F U 1. Everyone who has become infected with HIV has developed AIDS.

T F U 2. People with AIDS die of a wide range of diseases and infections.

T F U 3. Only people with obvious AIDS symptoms can transmit the disease.

T F U 4. There is a cure for AIDS.

T F U 5. People with HIV can be recognized by physical symptoms.

T F U 6. Anyone who is infected with HIV can pass the virus on to others.

T F U 7. AIDS is primarily a sexually transmitted disease.

T F U 8. The exchange of semen or blood during sexual activity is a way of transmitting the virus.

T F U 9. Drug abusers who share needles and syringes run a very high risk of developing AIDS.

T F U 10. A person can get HIV infection from donating blood to the Red Cross.

T F U 11. An infected mother may pass HIV to her baby during pregnancy or at the time of birth.

T F U 12. A woman can get AIDS from a male sex partner.

T F U 13. A man can get AIDS from a female sex partner.

T F U 14. Ear-piercing and tattooing can be risky behaviour for contracting HIV.

T F U 15. Dry kissing (kissing with the mouth closed) can spread HIV.

T F U 16. You can get AIDS from a toilet seat.

T F U 17. A positive antibody test for HIV always means that the person has got or will get AIDS.

T F U 18. A person who has engaged in high-risk sexual or drug-abusing behaviour can get confidential AIDS testing and counselling.

T F U 19. A person who abstains from sex and does not inject drugs can avoid AIDS.

T F U 20. Proper use of a latex condom reduces the risk of infection.

T F U 21. Unprotected anal intercourse is a very risky behaviour.

T F U 22. People infected with the virus through needle-drug abuse can pass it on to sex partners even though their partners do not abuse needle drugs.

AIDS QUIZ ANSWERS

The correct answers are:

1.	F	7.	T	13.	T	19.	T
2.	T	8.	T	14.	T	20.	T
3.	F	9.	T	15.	F	21.	T
4.	F	10.	F	16.	F	22.	T
5.	F	11.	T	17.	F		
6.	T	12.	T	18.	T		

SEXUALLY TRANSMISSIBLE DISEASES

-- caused by micro-organisms (germs) that survive only in warm, moist tissues

-- primarily spread through sexual contact

-- always require medical treatment with antibiotics or other medications

-- some of the more common S.T.D.'s are:

GONORRHEA CRABS

CHLAMYDIA HERPES

AIDS

ACQUIRED - not hereditary

IMMUNE - body's defense against disease

DEFICIENCY - having a lack of

SYNDROME - group of conditions

AIDS IS A CONDITION WHEREBY THE BODY'S IMMUNE SYSTEM BECOMES WEAKENED, RESULTING IN A DECREASED ABILITY OF THE BODY TO FIGHT OFF DISEASE.

APPENDIX 6

STATISTICAL UPDATE (SEPTEMBER, 1989): AIDS IN CANADA

The Federal Centre for AIDS has received reports of 3035 cases which meet the surveillance case definition for AIDS (revised September 1, 1987). These include 2985 adults and 50 pediatric cases (< fifteen years of age). A total of 1765 deaths (58.2%) have been reported.

ALL CASES

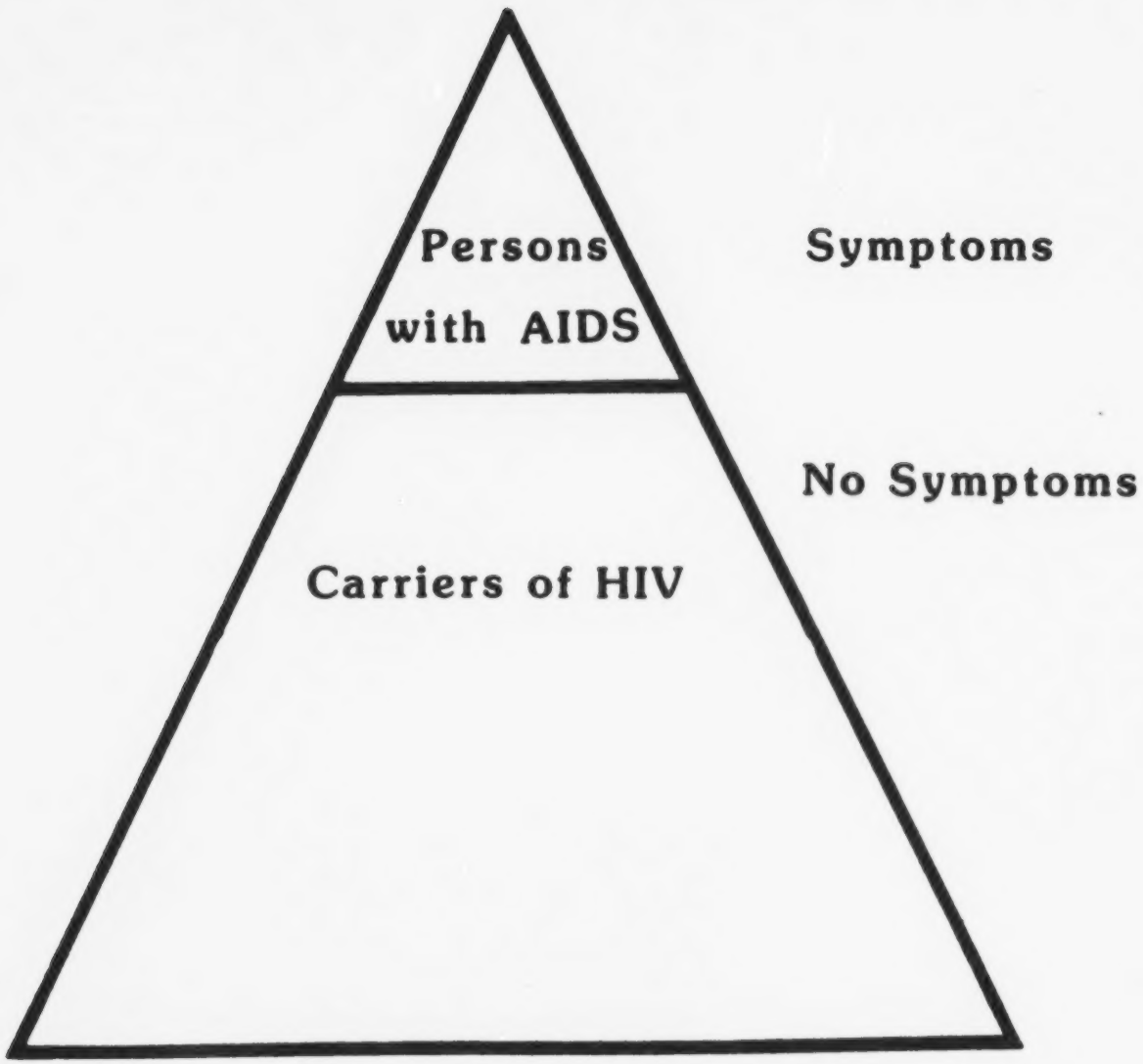
		Alive	Known Deaths	Total
Adults:	Males	1190	1629	2819
	Females	60	106	166
	Subtotal	1250	1735	2985
Children:	Males	10	15	25
	Females	10	15	25
	Subtotal	20	30	50
TOTAL		1270	1765	3035

GEOGRAPHIC DISTRIBUTION

PROVINCE*	Male	Female	Total	(%)	Known Deaths	Rate/Mill.** Population (cumulative)
British Columbia	586	15	601	(19.8)	337	196.7
Alberta	161	9	170	(5.6)	76	70.0
Saskatchewan***	-	-	30	(1.0)	17	29.8
Manitoba	38	1	39	(1.3)	24	36.0
Ontario	1170	38	1208	(39.8)	811	126.2
Quebec	780	117	897	(29.6)	452	134.1
New Brunswick	14	4	18	(0.6)	9	25.1
Nova Scotia	48	5	53	(1.7)	27	59.8
P.E.I.	3	0	3	(0.1)	2	23.0
Newfoundland***	-	-	13	(0.4)	10	22.8
N.W.T.***	-	-	2	(0.1)	0	37.5
Yukon***	-	-	1	(0.0)	0	39.4

* Cases are attributed to the province where onset of the illness occurred.
** Population estimates from statistics Canada (June 1, 1989)
*** Breakdown by sex is not available.

THE AIDS "ICEBERG"



HOW THE VIRUS IS SPREAD

- Sexual intercourse
- Sharing contaminated needles/syringes
- Receiving contaminated blood/blood products
- Infected pregnant woman to unborn child

AIDS IS A PREVENTABLE DISEASE

MOST EFFECTIVE

- AVOID SEXUAL INTERCOURSE
- AVOID SHARING NEEDLES

OTHER

- REDUCE NUMBER OF SEX PARTNERS
- SAFER SEX, INCLUDING USE OF CONDOMS

AVOID SHARING NEEDLES AND ALSO SYRINGES. LATEX CONDOMS OFFER BETTER PROTECTION THAN THOSE MADE OF NATURAL MATERIALS. LATEX CONDOMS SHOULD BE USED WITH NONOXYL-9.

AIDS: BASIC FACTS

(From "AIDS: Know the Facts." Manitoba Health, 1989.)

Question: What exactly is AIDS?

Answer: AIDS stands for "acquired immune deficiency syndrome," and it's an incurable, fatal disease caused by a virus. The name of the virus is "human immuno-deficiency virus," and you may hear or read about it referred to as HIV.

The virus destroys the body's natural defences against diseases. People with AIDS will die of rare types of cancer, pneumonia and other infections.

In the early stages of AIDS, a person usually looks and feels healthy. This "carrier" stage may last for months or even many years. Anyone who is infected can pass the virus on to others.

Question: Is there a cure?

Answer: No, although researchers are hard at work world-wide. There are medications for many of the complications of AIDS. There are drugs which can slow the disease in certain patients.

Question: How do you get AIDS?

Answer: AIDS is primarily a sexually transmitted disease. The virus is present in a man's semen or a woman's vaginal fluid if they are infected. It can be passed by anal or vaginal intercourse from man to man, man to woman, or woman to man. Oral sex may also be risky.

While most AIDS cases in North America are homosexual and bisexual men, it also affects heterosexual men and women. An infected mother may pass the virus to her baby during pregnancy or at the time of birth.

The virus is also present in the blood of an infected person. This puts drug users at high risk, since anyone who shares a needle or syringe used by an AIDS carrier can become infected.

Other skin-piercing devices are also risky--such as equipment for ear-piercing, tattooing or acupuncture. If you use these, be sure they're new or have been properly sterilized. It's also not a good idea to share toothbrushes or razors.

Question: What about kissing?

Answer: Social or "dry" kissing does not pass on the AIDS virus. Open-mouthed kissing with a carrier may be risky. There might be tiny cuts or open sores inside the mouth through which the virus could spread.

Question: Is a person at risk in day-to-day situations?

Answer: A person WON'T get AIDS by touching or hugging someone, even if that person carries the AIDS virus.

You WON'T get it from cups, glasses or silverware. You WON'T get it from toilet seats, whirlpools, baths or phones.

Domestic animals and pets DO NOT carry the virus. And there is NO evidence that AIDS is spread by mosquitoes or other biting insects.

Question: Is it dangerous to give or receive blood?

Answer: Giving blood in Canada is perfectly safe. Donations are collected by skilled people using sterile equipment which is used only once. So it's impossible to be infected.

On November 1, 1985, the Canadian Red Cross began testing all blood donations for AIDS, so the chance of getting the disease from blood or blood products is almost non-existent.

There is a remote possibility that blood transfusions between 1978 and November 1985 could have contained the AIDS virus. If you received blood during that time, ask your doctor whether you should be tested.

Question: What about transplants and artificial insemination?

Answer: Transplanted organs or sperm donations have rarely spread infection, but to be safe, all organ, tissue and fluid donors in Manitoba are tested.

Question: What are the symptoms of AIDS?

Answer: Sometimes there are no symptoms, but when there are they can include the following:

. white spots on the tongue and mouth (thrush)
. swollen glands (lumps) on the neck or under the arms
. rapid weight loss
. extreme tiredness
. long-term diarrhea
. frequent fevers and night sweats
. new skin bumps, sores or discolorations

These are common symptoms in other illnesses that aren't dangerous, so having one or more doesn't necessarily mean you have AIDS. But if you have any of these symptoms for more than two weeks, see a doctor.

Question: What if I have no symptoms but think I might have been infected?

Answer: A doctor can arrange for you to have a blood test that will show if you have antibodies to the AIDS virus. Antibodies are substances produced in the body to fight an infection.

The presence of AIDS antibodies means you are infected with the AIDS virus.

Question: How do I avoid getting AIDS?

Answer: Be responsible for your own health and the health and well-being of your sex partner.

You can avoid AIDS if you:

. Abstain from sex and do not inject drugs.
. Choose one uninfected partner for life.

You can reduce your risk if you:

. Practice safer sex. Always use a condom during a sexual encounter--remembering that a condom must be used correctly to be effective.
. Avoid anal intercourse, as it is an especially high risk sexual activity.

Question: Will condoms protect me?

Answer: To reduce your risk, condoms offer a lot of protection against AIDS and other sexually transmitted diseases if used correctly. Condoms are safer if you use them with a spermicide containing nonoxynol-9.

Latex condoms provide better protection than natural, animal skin condoms. Water-based lubricants should be used, not petroleum jelly (Vaseline) and other oil-based lubricants which can destroy the effectiveness of the condom.

Put the condom on before engaging in any sexual contact. Make sure it doesn't slip off during intercourse. Remove the condom carefully after sex, before losing the erection, to avoid spilling any semen.

Question: Are there many AIDS cases in Manitoba?

Answer: We have a low number of cases compared to other provinces, but the AIDS virus is present and is a concern across the province.

Question: What about travelling?

Answer: The AIDS virus has spread to every part of the world, and in some areas, thousands of men and women are infected.

When travelling abroad, remember:

. Do not have casual sex, you may get infected.
. Try to avoid receiving blood transfusions as these are not checked for the AIDS virus in some countries.
. If you can, avoid injections or treatment involving surgery. In certain countries, medical equipment such as scalpels and needles may not be properly sterilized.
. Some countries require visitors to have a negative blood test for AIDS. So before travelling, check with the consulate or representative of the country you plan to visit.

Question: Where can I be tested for AIDS?

Answer: Any doctor or community clinic can arrange for an AIDS test; however, pre-test counselling is strongly recommended. Phone the AIDS INFOLINE for further information.

For more information, or if you just need someone to talk to about AIDS, call:

AIDS INFOLINE
In Winnipeg
945-AIDS (2437)
Outside Winnipeg
Toll-Free
1-800-782-AIDS (2437)

The AIDS INFOLINE operators can deal with specific questions about AIDS and recommend resource materials and support groups for AIDS patients and their families.

AIDS is everybody's problem. So take responsibility and make sure you know enough to protect yourself.

There are 'right' and 'wrong' values depending on an individual's and a society's religious beliefs, personal beliefs and cultural mores. The values listed are common to our society and widely held in Manitoba.

Commonly Accepted Values:

1. Dignity--showing respect for elders, parents, children and self.
2. Honesty--being truthful with others and self.
3. Equality--having the same rights, regardless of religion, race or sex.
4. Responsibility--carrying out your obligations or duties; answering for your own actions.
5. Justice--being fair to all people and not exploiting others.
6. Empathy--showing care and understanding for others and their cultures.
7. Consideration--demonstrating love and respect for and generosity toward others.
8. Commitment--showing loyalty to family, country, ideals and beliefs.
9. Self-Control--being able to examine and manage your behaviour and activities.

49

RESOURCES

The following print materials are presented without recommendation. The resource list is by no means complete.

Altman, D. AIDS: In the Mind of America. New York: Doubleday, 1986.

Fettner, A.D., and Check, W.A. The Truth About AIDS: Evolution of an Epidemic. New York: Henry Holt and Company, 1985.

Gong, V., and Rubnick, N., eds. AIDS: Facts and Issues. Baltimore, MD: Rutgers University Press, 1986.

Grieg, J.D. "AIDS: What Every Responsible Canadian Should Know." The Toronto Sun, 1987.

Institute of Medicine and National Acadaemy of Science. Mobilizing Against AIDS: The Unfinished Story of a Virus. Cambridge, MS: Harvard University Press, 1986.

Moffatt, B.C. When Someone You Love Has AIDS: A Book of Hope for Family and Friends. Santa Monica, CA: IBS Press, 1986.

Leishman, Katie, "The Second Stage of the Epidemic--Heterosexuals and AIDS," The Atlantic Monthly, February 1987, pp. 39-58.

"Quality of Care for AIDS Parents," Parts I or II, The Quality Review Bulletin, Vol. 12, No. 8, August, 1986; Vol. 12, October, 1986. (Joint Commission on Accreditation of Hospitals, Chicago.)

Relman, Arnold S. "Emerging Ethical Issues," Hastings Centre Report, Vol. 15, No. 4, August, 1985. Special Supplement.

Suzuki, David. David Suzuki Talks About AIDS. Toronto: General Publishing, 1987.

Yarber, William L. AIDS: What Young Adults Should Know. Vancouver, BC: Douglas & McIntyre, 1987.

The following audio-visual materials are presented without recommendation. Preview availability and current information should be obtained from the producers/distributors. It is not the intent to provide a complete list of materials.

1. AIDS: The Facts, The Future, 1987. (15 minutes, grade 7-adult)

   The videotape, narrated by David Suzuki, provides a general overview of AIDS prevention.

2. The Immune System and AIDS, 1986. (10 minutes, grade 7-adult)

   Describes the impact of the AIDS virus on the immune system.

   * Source: Education About AIDS, Ontario Ministry of Education, May 1987, pp. 47-49. Used and supplemented with permission.

3. AIDS: A Family Experience, 1986. (20 minutes, grades 11-adult)

   Focuses on the experiences of one man who had AIDS and the impact on his family.

   * Source: The above videotapes are available free-of-charge from the Ontario Public Education Panel on AIDS (OPERA), 5th Floor, Ministry of Health, 15 Overlea Boulevard, Toronto, Ontario, M4H 1A9, (416) 945-2168, 1-800-268-6066.

4. AIDS: A Report, 1987. (50 minutes, grades 11-adult)

   This videotape, presented by David Suzuki, highlights the immune system and AIDS. The program was initially viewed on March 11, 1987, "The Nature of Things."

   * Source: CBC Enterprises, Box 6440, Station A, Montreal, Quebec H3C 3L4, 1-800-361-5154.

5. AIDS: What Everyone Needs to Know, 1987. (19 1/2 minutes, grades 9/10-adult)

   Discusses the important facts about AIDS and includes a story about a stricken family.

   * Source: McIntyre Educational Media, 30 Kelfield Street, Rexdale, Ontario M9W 5A2 (416) 245-7800.

6. VD: More Bugs, More Problems, 1985. (20 minutes, grades 9-12)

   Provides a review of sexually transmitted diseases, with special attention paid to AIDS and chlamydia. Personal responsibility is emphasized.

   * Source: Omega Films, 70 Milner Avenue, Unit 5A, Scarborough, Ontario M1S 3P8, (416) 291-4733.

7. The Subject is AIDS, 1987. (19 minutes, grades 9-12)

   This is a revised version of "Sex, Drugs and AIDS" with emphasis on abstinence as the most effective way to prevent AIDS.

   * Source: Mobius Productions, 183 Davenport Road, Toronto, Ontario (416) 964-8484.

8. About AIDS, 1986. (15 minutes, grades 11-adult)

Factual information of the disease, AIDS.

. Source: International Tele-film, 33 Kelfield Street, Rexdale, Ontario M9W 5A2, (416) 245-7800.

PAMPHLETS

1. AIDS: Know the Facts, Manitoba Health, Spring, 1989.